



**POWER OF ATTORNEY
AND CORRESPONDENCE ADDRESS INDICATION FORM**

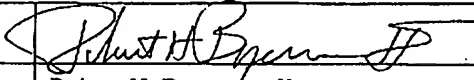
I hereby revoke all previous powers of attorney given in the patent applications below.

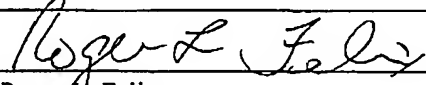
| Docket No. | Application No. | Filing Date | First Named Inventor |
|------------|-----------------|-------------|------------------------|
| 14267.3 | 10/778,805 | 13-Feb-2004 | Robert H. Burgener, II |
| 14267.4 | 10/849,332 | 19-May-2004 | Robert H. Burgener, II |
| 14267.5 | 10/849,347 | 19-May-2004 | Robert H. Burgener, II |
| 14267.6 | 10/849,345 | 19-May-2004 | Robert H. Burgener, II |
| 14267.7 | 10/849,348 | 19-May-2004 | Robert H. Burgener, II |
| 14267.8 | 11/165,848 | 17-Jun-2005 | Robert H. Burgener, II |
| 14267.10 | 11/165,847 | 17-Jun-2005 | Robert H. Burgener, II |
| 14267.12 | 11/156,264 | 17-Jun-2005 | Robert H. Burgener, II |

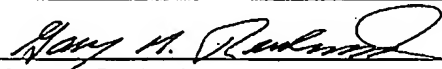
I hereby appoint the practitioners associated with **Customer Number 21999** as my attorney or agent to prosecute the above-referenced applications, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-referenced applications to the address associated with **Customer Number 21999**.

I confirm that I am the applicant/inventor for one or more of the above-referenced applications.

| | | | |
|-----------|---|-----------|----------|
| Signature |  | Date | 10-5-06 |
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